

UNITED STATES DISTRICT COURT

District of

Delaware

DELSIE E. BROOKENS,

PLTF

V.

SUMMONS IN A CIVIL CASE

GM HOURLY-RATE EMPLOYEES PENSION PLAN

AN EMPLOYEE PENSION PLAN

CASE NUMBER: C.A. 07-387

P. O. BOX. 300 MC: 482-C26-A68

300 Ren. Cen. Detroit MI 48265-3000

TO: (Name and address of Defendant)

GM Hourly-Rate Employees Pension Plan

General Motors Corporation

P. O. Box 300 MC: 482-C26-A68

300 Renaissance Center

Detroit, MI 48265-3000

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

JOHN M. STULL, ESQ.

1300 N. MARKET STREET, STE 700

WILMINGTON, DE 19801

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

PETER T. DALLEO

AUG 06 2007

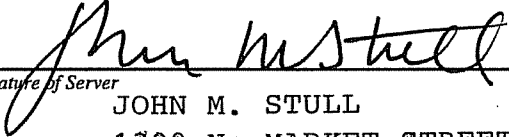
CLERK

DATE

Erinette Wata

(By) DEPUTY CLERK

AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE August 13, 2007	
NAME OF SERVER (PRINT) JOHN M. STULL	TITLE Attorney	
<i>Check one box below to indicate appropriate method of service</i>		
<input type="checkbox"/> Served personally upon the defendant. Place where served: _____ _____		
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: _____ _____		
<input type="checkbox"/> Returned unexecuted: _____ _____		
<input checked="" type="checkbox"/> Other (specify): <u>Certified Mail/ Return of Service</u> <u>Accepted by Agent</u> <u>Receipt and Return of Service card (copy)</u> <u>attached</u>		
STATEMENT OF SERVICE FEES		
TRAVEL 15.00	SERVICES 15.00	TOTAL 30.00
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <p>Executed on <u>August 20, 2007</u> Date</p> <p style="text-align: center;">  Signature of Server JOHN M. STULL 1300 N. MARKET STREET, STE 700 Wilmington, DE 19801 Address of Server </p>		

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

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Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$5.94

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 WILMINGTON DE

Sent To: General Motors, Plant Admin
 Street, Apt. No.; or PO Box No.: GM Engr. Bldg Plan - PO Box 300
 City, State, ZIP+4: Detroit MI 48265-3000

PS Form 3800, August 2006 See Reverse for Instructions

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Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$5.94

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 WILMINGTON DE

Sent To: GM Hourly Rate Rpt Payroll Plan
 Street, Apt. No.; or PO Box No.: PO Box 300 MC: 482-C26-A68
 City, State, ZIP+4: Detroit MI 48265-3000

PS Form 3800, August 2006 See Reverse for Instructions

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 Street, Apt. No.; or PO Box No.: Box 300 MC: 482C26-A68
 City, State, ZIP+4: Detroit MI 48265-3000

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 GM Hourly-Rate Rpt Payroll Plan
 General Motors Corporation
 P.O. Box 300 MC: 482-C26-A68
 300 Renaissance Center
 Detroit, MI 48265-3000

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 AUG 13 2007

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Trans) 7006 3450 0001 6239 7111